

Semi Annual Narrative Report

Wisconsin Partnership Program

January--June 2005

Each of the Partnership Program sites submits a semi annual report summarizing the accomplishments, obstacles, growth, and general utilization data the programs have experienced in the previous six month period. That information, along with the State's projects and focus, are summarized here.

Census

	CCE	CHP	CLA	Elder Care	Aggregate
12/31/2004	387	621	291	477	1,775
# Enrolled	50	140	33	59	282
# Disenrolled	40	63	19	44	167
Census 6/30/2005	397	698	305	492	1,892
% Change	2.6%	12.4%	4.8%	3.1%	6.5%

The Partnership Program increased by 117 people during the last six-month time period.

Hospital Utilization

	CCE	CHP	CLA	Elder Care	Aggregate
# of Admits	178	370	148	175	871
# of Days	962	1,851	1,129	880	4,822
ALOS*	5.4	5.0	7.6	5.0	5.5

*ALOS (Average Length of Stay)

The utilization data above has been **annualized** and converted into a traditional comparative measure of days and admits per 1,000 members per year. The data will be used to compare variances and, more importantly, to identify the reasons for the variances. The goal is to

identify best practice patterns among the four sites and identify opportunities for improvement. This information **does not imply excessive or unnecessary hospital utilization**. Importantly, each Partnership site is small and thus traditional hospital utilization measures of days and admits per thousand can and will fluctuate dramatically because of the small membership.

	CCE	CHP	CLA	Elder Care	Aggregate
Admits/1000	896.7	1,060.2	970.5	711.4	920.7
Days/1000	4,846.3	5,303.7	7,403.3	3,577.2	5,097.3

As mentioned earlier, the number of days and admits per thousand can fluctuate dramatically because of the small membership.

Member's Living Situation, By Percentage of Members, June 30, 2005

	CCE	CHP	CLA	Elder Care	Aggregate
Private Home	82.1%	86.2%	95.1%	71.7%	83.0%
CBRF	9.7%	7.7%	2.6%	19.1%	10.0%
Nursing Facility	8.2%	6.0%	2.3%	9.2%	7.0%

The vast majority of members are living in private homes within the community. The percentage of people living in a nursing home is gradually increasing over time.

Significant Outcomes and Quality Improvement Projects

CCE

- CCE has made significant progress on the implementation of an electronic medical record and claims management system.
- CCE is planning two new Partnership teams for anticipated growth in July.
- CCE completed their HMO license application to be effective 7-1-05 after OCI provided an extension.
- A new contracting specialist was hired.

CHP

- Significant growth continues—from 621 to 698, a 12.4% increase in six months.
- Physically disabled membership grew from 195 to 212.

Final

(CHP continued)

- CHP transitioned NP role from specific team to **specific group of physicians**.
- Recruited and hired a full time Medical Director which gives CHP 1.6 FTE Medical Director time.
- Recruited and hired a full time pharmacist which gives CHP 1.6 FTE pharmacy time.
- Hired a Marketing and Communications Coordinator.
- Completed and submitted an HMO application with the State OCI.
- CHP has fully implemented their diabetes disease management approach that includes involvement and education of all staff involved with the member—not just RN and NP staff. We've achieved an 87% compliance rate with member's getting every 6-month HgbA1c's with an average value of 6.9.
- Developed some additional palliative care planning resources.
- Streamlined our Intake process so that members are enrolled within a week of the full eligibility determination. Members are enrolled more quickly and obtain their card on the day of enrollment.
- Further refined our Intensity Tool to support State encounter reporting.

CLA

- The attendance of the new Member Orientation continues to grow.
- CLA relocated one person from a nursing home.
- Continued regular steering committee meetings to work on grant for Make the Business Case for Quality on Wound and Skin Care through CHCS.
- Highlights in first half of 2005 have focused on utilization reporting, risk adjustment for Medicare/Medicaid, data integrity, team-building, improved documentation, provider outreach, internal/external customer service initiatives and staff retention.
- Achieved significant savings through selection of an alternate diabetic supply vendor.
- Significant quality initiatives continue:
 - Wound project
 - Obesity project
 - Diabetes education
 - ER reviews
 - Bring HR and Accounting into QI processes and committee.
 - CLA is working with UW to host interns from the School of Nursing, Industrial Engineering and the School of Pharmacy, as well as one Social Worker intern and one Nurse Practitioner intern.

Elder Care

- Elder Care requested approval to offer two new SNP options to Medicare beneficiaries. One is for people with severe or disabling chronic conditions and the second is for institutionalized Medicare beneficiaries.
- Staff have worked to develop processes to meet DHFS encounter reporting requirements. Significant programming changes to VPrime were required to

prepare for storage and retrieval of data on internally provided services, and submission of data in the required format.

- ECHP participated with DHFS in developing mechanisms to comply with new DHFS encounter data reporting requirements. Significant programming changes to VPrime were required in order to prepare for storage and retrieval of data on internally provided services, and submission of data in required formats. Additional, programming was required.
- ECHP also worked with DHFS to develop acceptable mechanisms to report costs/rates for internally provided services in association with encounter data reporting.
- This is the first year and changeover from conducting Annual Performance Improvement Projects to the “Best Clinical and Administrative Practices (BCAP) Quality Framework. The BCAP typology is a typology where improvement projects are organized using rapid cycle PDSA: Identification, Stratification, Outreach and Intervention. Elder Care has developed aim statements for our two projects which will address Chronic Pain as well as Diabetes.

Center for Delivery Systems Development (CDSD) Staff

- Staff used the Wisconsin hospital discharge database to compare hospital utilization before and after enrollment of a COP waiver cohort with Partnership members. The study demonstrated a greater reduction of hospital days for Partnership members than COP waiver people. Staff are conducting statistical tests on the data.
- Staff continue to work with CMS and the Partnership organizations for ongoing CMS compliance activities of encounter data reporting, waiver status, Medicare Part D and HIPAA compliance;
- Staff worked with the WPP organizations to write a Primary Care Provider Satisfaction Survey;
- Staff continue to work with the WPP organizations on the new rate development methodology and data reporting requirements for 2005-06.
- Staff collaborated with WPP organizations to develop a Member Satisfaction Survey for a fall mailing.

Barriers and Solutions

CCE

- Staffing remains a challenge, especially people with bi-lingual skills to help serve the growing Hispanic population;
- Safety issues are an issue for our staff who see people in their homes. We’ve developed a list of participants who require special circumstances to address home safety issues and are arranging to meet with local law enforcement staff to gain their assistance, and
- Turnover of our skilled ESS worker has impacted the timeliness of determining financial eligibility. We now pay Milwaukee County for 2 ESS workers.
- We are establishing effective systems and procedures to collect required internal and external encounter data.

Final

CHP

- We continue to struggle with the development of resources for members with behavioral health issues. We hired a clinical supervisor with behavioral health experience to be a resource to teams.
- Recruitment and retention of NPs has become more of an issue for us as the surrounding market is using more NPs.

CLA

- Access to dental services has been an ongoing problem, but with the establishment of new dental contracts, we believe it has been resolved.
- Insufficient adequate housing for members. We've started outreach initiatives to educate area landlords to the Partnership Program. We are also considering housing opportunities and potential partners through business development.
- Working with our transportation vendors to enhance member satisfaction related to timeliness and flexibility of scheduled rides.
- Management of ongoing payment system, internal training to identify impact of Part D Drug benefit, issues around Medicare Part A and B, and possible elimination of frailty adjuster and potential bidding process.
- Difficulty recruiting psychiatrists.
- Rising costs of health insurance for employees;
- Administrative burden related to payment methodology, claims management, inaccurate diagnosis, delayed or missing HCC's, FES and network development.

Elder Care

- Significant programming changes to VPrime were required in order to prepare for storage and retrieval of data on internally provided services, and submission of data in required formats.
- Elder Care staff worked with DHFS to develop acceptable mechanisms to report costs/rates for internally provided services in association with encounter data reporting.

Center for Delivery Systems Development (CDS) Staff

- Staff are spending considerable time in conference calls and meetings to help implement Medicare Part D, the new rate-setting process, encounter submission, and new EQRO guidelines while maintaining ongoing responsibilities.
- The encounter reporting system is in a test acceptance mode.
- A member satisfaction survey was developed jointly between DHFS and the Partnership QI Directors for a fall mailing.
- A Primary Care Provider Satisfaction Survey will be mailed in the late fall.
- DHFS staff are working with the Medical Directors to demonstrate the effectiveness of the Partnership Program compared to a matched cohort of COP Waiver members.

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Wisconsin Partnership Program

September 2005